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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2006</b> <b>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</b>		Docket Number (Optional)  397272000401
Application Number	10/664,331	Filed      September 16, 2003
For    METHODS FOR STABLE TRANSDUCTION OF CELLS WITH VIRAL VECTORS		
Art Unit	1648	Examiner      Jeffrey S. Parkin, Ph.D
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	Fee      \$120      Small Entity Fee      \$60      \$      60.00
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	Fee      \$450      Small Entity Fee      \$225      \$
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	Fee      \$1020      Small Entity Fee      \$510      \$
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	Fee      \$1590      Small Entity Fee      \$795      \$
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	Fee      \$2160      Small Entity Fee      \$1080      \$
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>03-1952</u> I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.		
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>38,440</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____.		
<u>/Gregory P. Einhorn/</u> Signature		February 20, 2007 Date
<u>Gregory P. Einhorn</u> Typed or printed name		(858) 720-5133 Telephone Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.		